

Date: 1/4/2007

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MBCHP Helping Montana Women

The Montana Breast and Cervical Health Program (MBCHP) was initiated in 1996 through a cooperative agreement between the Montana Department of Public Health and Human Services and the Centers for Disease Control and Prevention.

The mission of the MBCHP is to reduce breast and cervical cancer morbidity and mortality among Montana women by providing ongoing quality screening services and education in a manner that is appropriate, accessible, cost effective and sensitive to women's needs.

The MBCHP provides mammograms, clinical breast exams, Pap tests and pelvic exams for the early detection of breast and cervical cancer. These services may be provided for free to eligible women. The statewide program is implemented through 13 administrative sites throughout Montana.

The state program meets or exceeds the CDC performance indicators for screening and services. These performance indicators address technical quality of the services provided, promptness of diagnosis and follow-up, and reaching the target population of underserved women.

The MBCHP is focusing its efforts on educating women on the importance of cervical cancer screening. January serves as National Cervical Health Awareness Month, but the MBCHP hopes to make awareness of the disease prominent throughout the year.

The use of the Pap test has led to a significant decrease in the number of cervical cancer cases and deaths in the United States. The Pap test can detect precancerous changes in the cervix at a stage when treatment is very successful. There have been advances in the science related to Pap tests regarding the types of tests and the intervals between tests.

The recommended frequency of Pap testing is changing and the MBCHP continually monitors screening policies to stay current. Factors that affect the frequency are the type of Pap test, the risk factors of the woman, and the woman's history of results from her Pap tests.

Health care professionals have many opportunities to educate women about cervical cancer risk factors. The principle contributing factor to cervical cancer is never or rarely getting a Pap test. This lack of screening represents 50 percent of the risk and is a factor that health professionals can influence by offering the Pap test to female patients. It is important that women understand the other risk factors include smoking cigarettes, having multiple sex partners, high parity, long-term use of oral contraceptives, and the presence of high risk strains of Human Papillomavirus (HPV).

More than 95 percent of women who have cervical cancer also have evidence of persistent high risk strains of HPV infection. More frequent Pap tests may be indicated if these risk factors are present. In addition to the Pap test, HPV testing may be performed if Pap test results are abnormal.

Currently health care professionals have a choice between the two methods of collection for Pap tests. The conventional Pap test is well integrated into existing clinical practice. The newest method of collection is the liquid based Pap test. Ease of HPV triage enhances both clinical efficiency and patient adherence and acceptability since requirements for repeat patient visits are reduced.

The liquid based Pap test has increased sensitivity and decreased specificity; therefore, there are the potential harms of low test specificity/high false positive rates. The MBCHP recommends the liquid based Pap test every two years for program eligible women who are having normal Pap tests.

Starting in July 2007, the MBCHP will allow reimbursement for biennial screening with liquid based cervical cytology for primary cervical cancer screening, up to the allowable Medicare rate, as opposed to annual screening with conventional cytology until three consecutive, normal Pap tests.

The MBCHP recommends that all health care professionals encourage women to follow the American Cancer Society (ACS) guidelines for the early detection of cervical cancer:

- All women should begin having Pap tests about three years after they begin vaginal intercourse, but no later than 21 years old.
- Pap tests should be done every year with conventional Pap or every two years with liquid based Pap.
- Women who have had three consecutive normal Pap tests may get screened every three years with either conventional or liquid based Pap tests.
- Women with risk factors or persistent HPV infections will need more frequent screening.
- Women who have had a total hysterectomy do not need a Pap test unless the surgery was done as treatment for pre-cancer or cancer.
- Any woman with a cervix should follow the above noted guidelines.

The MBCHP has lowered the age of program eligibility for cervical cancer screening to 35 years old. Women ages 35 through 64 years must be uninsured or underinsured and meet the income guidelines established by the program to be eligible.

For more information on how to help women get screened through the Montana Breast and Cervical Health Program, health care professionals are encouraged to call the toll free number at 1-888-803-9343 or visit the MBCHP website www.cancer.mt.gov.

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